

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

GSA No. 0246-EPA-07

Please refer to the instructions for filling this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED  
(For Official Use Only)

MAR 27 2001

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒
B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

CAD073584393

## II. Name of Installation (Include company and specific site name)

Enthone Inc.

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

16782 Von Karman Ave.

Street (Continued)

City or Town

Irvine

State

Zip Code

CA 92606-

County Code

County Name

Orange

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

16782 Von Karman Ave

City or Town

Irvine

State

Zip Code

CA 92606-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

Laughlin

(First)

Jeremy

Job Title

Plant Manager

Phone Number (Area Code and Number)

949-222-4543

## VI. Installation Contact Address (See instructions)

A. Contact Address

Location: Mailing: Other

☐ ☒ ☐

B. Street or P.O. Box

City or Town

State

Zip Code

## VII. Ownership (See instructions)

## A. Name of Installation's Legal Owner

Cookson America Inc.

Street, P.O. Box, or Route Number

One Cookson Place

City or Town

Providence

State

Zip Code

RI 02903-

Phone Number (Area Code and Number)

401-521-1000

B. Land Type

C. Owner Type

D. Change of Owner Indicator

Yes

☐
☒

No

(Date Changed)

Month

Day

Year

WC 066 3-30-01  
SC/Anis 066 3-27-01

GK  
Ales

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions.
- ☐ 4. Hazardous Waste Pile
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Subcontractor/Industrial Furnace
- ☐ 1. Smelter/Refinery
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (List each waste code if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Irritable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☐
4. Toxicity Characteristic (Group I-IV) (D004-D008) ☒
- Characteristics: Group I-IV Hazardous waste number(s) for the Toxicity characteristic contaminant(s)
- D006 D007 D008

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F006	2 F003	3 F005	4 	5 	6 
7 	8 	9 	10 	11 	12 

## C. Other Wastes. (State or other wastes requiring a handler to have an L.D. number; See Instructions.)

1 	2 	3 	4 	5 	6 
-------	-------	-------	-------	-------	-------

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature Gregory J. Laughlin Name and Official Title (Type or print) PLANT MANAGER - IRVINE Date Signed 3/20/01

## XI. Comments

Installation has changed names. It has not changed operation or ownership.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**Polyclad Technologies**

A COOKSON ELECTRONICS COMPANY

**Enthone**

Polyclad Technologies

16782 Von Karman Avenue  
Irvine, CA 92606-4919

(949) 757-0304

(949) 757-0920 *fax*

[www.enthone.com](http://www.enthone.com)

March 21, 2001

US EPA Region 9  
RCRA Notifications  
75 Hawthorne St.  
San Francisco, CA 94105

To Whom It May Concern:

Enclosed please find a Notification of Regulated Waste Activity for Enthone Inc. (EPA ID# CAD073584393). This company was formerly known as Fry Metals dba Alpha Metals, Inc. Please understand that the change is only in the name, and neither the operations nor the ownership has changed.

If you require any further information, please contact me either via email at [pmoses@polyclad.com](mailto:pmoses@polyclad.com) or at (949) 222-4537.

Sincerely,

Paula S. Moses  
Environmental, Health and Safety Manager

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

NOV 17 1997

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

CAD073584393

OK  
MS

## II. Name of Installation (Include company and specific site name)

ALPHA METALS INC. - IRVINE PLANT

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

16782 VON KARMAN AVENUE

Street (continued)

City or Town

IRVINE

State

ZIP Code

CA 92714 -

County Code

County Name

ORANGE

606

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

City or Town

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

LAUGHLIN

(first)

JEREMY

Job Title

PLANT MANAGER

Phone Number (area code and number)

714-757-0111

## VI. Installation Contact Address (See Instructions)

A. Contact Address

Location

Mailing



B. Street or P.O. Box

16782 VON KARMAN AVE.

City or Town

IRVINE

State

ZIP Code

CA 92714 -

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

COOKSON AMERICA INC.

606

Street, P.O. Box, or Route Number

ONE COOKSON PLACE

City or Town

PROVIDENCE

State

ZIP Code

RI 02901 -

Phone Number (area code and number)

401-521-1000

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes ☒ No ☐

(Date Changed)  
Month Day Year

01/10/94

in ARIS 11/13/97 in SL & C

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☐B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

## II. Name of Installation (Include company and specific site name)

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

Street (continued)

City or Town

State

ZIP Code

92606-

County Code

County Name

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

City or Town

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

Job Title

Phone Number (area code and number)

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

92606-

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Street, P.O. Box, or Route Number

City or Town

State

ZIP Code

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator(Date Changed)  
Month Day Year

Yes

No

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

## A. Hazardous Waste Activity

1. Generator (See Instructions)  
☒ a. Greater than 1000kg/mo (2,200 lbs.)  
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)  
☐ a. For own waste only  
☐ b. For commercial purposes
- Mode of Transportation  
☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify \_\_\_\_\_
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace
1. Smelter Refractory  
2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)  
☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace
5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☐ c. Burner - indicate device(s) - Type of Combustion Device  
☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 D038	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1 122	2 123	3 133	4 141	5 153	6 181
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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Jerry McRea

Name and Official Title (type or print)

Jerry McRea / TECH. MGR.

Date Signed

11/12/97

## XI. Comments

SEE ATTACHED DOCUMENTATION AND SPREADSHEET

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



- 2 -

11/12/97

Alpha Metals, Inc.  
16782 Von Karman Ave.  
Irvine, CA 92606

EPA #'s	WASTE
F002	Halogenated Solvents (1,1,1 Trichloroethane)
F003	Non-Halogenated Solvents
	Acetone; ethyl ether; n-butyl alcohol; methanol
F005	Non-Halogenated Solvents (MEK, Toluene)
D000	Toxicity Characteristic
D001	Ignitable
D002	Corrosive
D003	Reactive
D004	Toxic (Various Non-RCRA)
D007	Chromium
D008	Lead
D009	Mercury
D021	Chlorobenzene
D035	MEK
D038	Pyridine
State #'s	
121	Alkaline solution (pH<12.5) with metals
122	Alkaline solution (pH>12.5) without metals
123	Unspecified alkaline solutions
132	Aqueous solution with metals
133	Aqueous solution with 10% or more total organic residues
141	Off specification, aged, or surplus inorganics
153	Cadmium cyanide
181	Other inorganic solid waste
212	Cobaltous sulfate / Cobalt sulfate
213	Hydrocarbon solvents
214	Unspecified solvent mixture
331	Off specification, aged, or surplus organics
343	Unspecified organic liquid mixture
352	Other organic solid waste
551	Laboratory waste chemicals
791	Liquids with pH <2
792	Liquids with pH <2 with metals



NOV 14 1997



**Alpha-Fry Group**

A Cookson Company



11/12/97

USEPA Region IX  
RCRA Notification  
75 Hawthorne Street  
H-3-4/PRC  
San Francisco, CA 94015  
415-495-8895

RE: Updating EPA Hazardous Waste Numbers

Attached is the original notification forms and EPA approval letter dated 9/23/94 for the anticipated wastes that would be generated at Alpha Metal's facility located at 16782 Von Karman Ave., Irvine, CA. when we began our manufacturing operations in October, 1994. Additional notification forms are now being submitted for wastes that have been identified on subsequent manifests. Please note the following changes:

1. Irvine's zip code has changed to 92606 and our area code is scheduled to change from 714 to 949 in 1998.
2. We are no longer a small quantity generator since our waste streams all combined exceed the 2,200 lb. or (26,400 lb./year ) specified limits.

We will be initiating the requirements to comply with SB-14, Hazardous Waste Source Reduction & Management Review Act of 1989 as required by our 1998 activities and reportable to our local jurisdiction governing hazardous wastes (Orange County Health Care Agency) in Sept. 1999.

The listed wastes being added are D038 and eleven (11) other (state) waste codes:

122 123 133 141 153 181 212 214 331 352 792

Please call if you have any questions regarding this matter.

Sincerely,

A handwritten signature in black ink that reads "Jerry McRea".

Jerry McRea  
Technical Manager  
714-757-0111 Ext. 4537

**Worldclass Worldwide**

16782 Von Karman Ave., Irvine, CA 92606  
Tel (714) 757-0111 Fax (714) 757-0248



600 Route 440  
Jersey City  
New Jersey 07304  
Telephone 201-434-6778  
Telex 499-7772  
Fax 201-434-7508

**AUG 29 1994**

**USEPA Region IX  
RCRA Notification  
75 Hawthorne Street  
H-3-4/PRC  
San Francisco, CA 94015  
415-495-8895**

**RE: Change of Ownership for new EPA Hazardous Waste Number**

**Dear Sir or Madam:**

On January 10, 1994, Alpha Metals, Inc. (IRS #061008504) signed a purchase agreement to acquire the Shipley Co. (IRS #042216888) facility located at 16782 Von Karman Avenue, Irvine, CA 92714. The change of ownership became effective on February 14, 1994.

The facility was formerly operated by Shipley as a chemical formulation plant producing chemical products for the electronics industry. Alpha Metals intends to again operate the facility as a chemical formulation plant producing chemical products for the electronics industry. Production operations are expected to begin in a few weeks. Attached are the required forms and a spreadsheet of the waste streams expected to be generated. The total amounts are not expected to exceed the Small Quantity Generator status.

Please issue Alpha Metals, Inc. at the stated address an EPA ID# for our hazardous waste activity as soon as possible.

Please call if you have any question regarding this matter.

Sincerely,

A handwritten signature in cursive script that reads "Jerry A. McRea".

8/18/94

**Jerry McRea  
Technical Manager  
714-757-0111 Ext. 537**



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

## 1. Generator (See instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

## 2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

## 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

## 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Refractor
- ☐ 2. Small Quantity Exemption

## Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

## 1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)

X

X

X

X

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s).)

F002

F003

F005

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1
D001
7
D009

2
D002
8
D021

3
D003
9
D035

4
D004
10

5
D007
11

6
D008
12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1
121

2
132

3
213

4
343

5
551

6
791

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Jeremy J. Laughlin

Name and Official Title (type or print)

JEREMY LAUGHLIN - PLANT MANAGER

Date Signed

5-23-94

## XI. Comments

SEE ATTACHED SPREADSHEET

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

EPA #	WASTE
F002	Halogenated Solvents
	1,1,1 Trichloroethane
F003	Non-Halogenated Solvents
	Acetone; ethyl ether; n-butyl alcohol; methanol
F005	Non-Halogenated Solvents
	MEK; Toluene
D001	Ignitable
D002	Corrosive
D003	Reactive
D004	Toxic (Various Non-RCRA)
D007	Chromium
D008	Lead
D009	Mercury
D021	Chlorobenzene
D035	MEK
State #'s	
121	Alkaline solution (pH<12.5) with metals
132	Aqueous solution with metals
213	Hydrocarbon solvents
343	Unspecified organic liquid mixture
551	Laboratory waste chemicals
791	Liquids with pH <2

DEACT

## RCRIS Notification Data Change Form

EPA Id: CAD073584393 Date Received: 4/25/94  
Source (N/E/S): N Non-Notifier Flag: \_\_\_\_\_

Name of Installation: \_\_\_\_\_

## Installation Location Address

Streets: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County Code: \_\_\_\_\_ County Name: \_\_\_\_\_

## Installation Mailing Address

Streets: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Contact Information

Last Name First Name Title Phone Address (M.L.O)

Streets: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Land Type: \_\_\_\_\_

## Owner/Operator Information

Owner: \_\_\_\_\_ Type of Owner: \_\_\_\_\_

Streets: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Current/Previous Indicator: \_\_\_\_\_ Change Date: \_\_\_\_\_

Waste	Type	RCRA Reg	RCRA Reg	State Reg	State Reg
Activity:		Status	Desc	Status	Desc

Generator	_____	<u>N</u>	<u>7</u>	_____	_____
-----------	-------	----------	----------	-------	-------

Transporter	_____	_____	_____	_____	_____
-------------	-------	-------	-------	-------	-------

TSD	_____	_____	_____	_____	_____
-----	-------	-------	-------	-------	-------

Burner/Blender	_____	_____	_____	_____	_____
----------------	-------	-------	-------	-------	-------

HWF Market to Burner \_\_\_\_\_ HWF Other Market \_\_\_\_\_ HWF Burner \_\_\_\_\_

OSOS Market to Burner \_\_\_\_\_ OSO Other Market \_\_\_\_\_ OSO Burner \_\_\_\_\_ SO ACT: \_\_\_\_\_

Burner Type: Utility Boiler \_\_\_\_\_ Industrial Boiler \_\_\_\_\_ Furnace \_\_\_\_\_

Underground Injection Control: \_\_\_\_\_ Recycler: \_\_\_\_\_

Mode of Transportation: Air \_\_\_\_\_ Rail \_\_\_\_\_ Highway \_\_\_\_\_ Water \_\_\_\_\_

Hazardous Waste Codes: \_\_\_\_\_ Specific/Non-Specific/Commercial/Chemical

Comments: \_\_\_\_\_

Name Change: \_\_\_\_\_ Old Name: \_\_\_\_\_

FINDS Staff: \_\_\_\_\_ Notif. Staff: GF

Date: 6/20/94

STEPHEN CZAJKOWSKI  
**ENVIRONMENTAL, HEALTH & SAFETY CONSULTANT**  
9133 PELICAN AVENUE  
FOUNTAIN VALLEY, CA 92708  
(714) 963-7075

4/25/94

April 21, 1994

Ms. Susanna Fong  
PRC - RCRA NOTIFICATIONS  
120 Howard Street  
Suite 730  
San Francisco, CA 94105

ack

**Re: APPLICATION FOR DELISTING OF EPA ID NUMBER**

Dear Notifications Officer:

I have been retained by the Shipley Company Inc. (Shipley) to delist the EPA ID number for the following facility:

**Shipley Company Inc.**  
**16782 Von Karman Avenue**  
**Irvine, CA 92714**  
**EPA ID #: CAD073584393**

As of December 29, 1993, Shipley is no longer in business and has ceased all operations at the above address. All hazardous waste has been removed from the facility and has been treated at licensed TSDF's. As of March 7, 1994, the last shipment of hazardous waste was treated at APTUS in Utah.

Please call me at (714) 963-7075, if I can be of any further assistance in this matter.

Very truly yours,



Stephen Czajkowski  
Consultant

C: Paul Connor, EH&S Manager, Shipley Company Inc., Marlborough  
Massachusetts



# RCRIS Notification Data Change Form

EPA Id: CAD073584393 Date Received: 2/17/94  
 Source (N/E/S): N Non-Notifier Flag: \_\_\_\_\_

Name of Installation: \_\_\_\_\_

## Installation Location Address

Streets: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County Code: \_\_\_\_\_ County Name: \_\_\_\_\_

## Installation Mailing Address

Streets: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Contact Information

Last Name First Name Title Phone Address (M.L.O.)

Czajkowski Stephen Consultant 7144637075 0

Streets: 9133 Pelican Ave.

City: Fountain Valley State: CA Zip: 92708

Land Type: P

## Owner/Operator Information

Owner: \_\_\_\_\_ Type of Owner: \_\_\_\_\_

Streets: 500 Nickerson Rd

City: Marlborough State: MA Zip: 017524634

Phone: 508 481 7950

Current/Previous Indicator: \_\_\_\_\_ Change Date: \_\_\_\_\_

Waste Activity:	Type	RCRA Reg Status	RCRA Reg Desc	State Reg Status	State Reg Desc
Generator	<u>2</u>	_____	_____	_____	_____
Transporter	_____	_____	_____	_____	_____
TSD	_____	_____	_____	_____	_____
Burner/Blender	_____	_____	_____	_____	_____

HWF Market to Burner \_\_\_\_\_ HWF Other Market \_\_\_\_\_ HWF Burner \_\_\_\_\_

OSOS Market to Burner \_\_\_\_\_ OSO Other Market \_\_\_\_\_ OSO Burner \_\_\_\_\_ SO ACT: \_\_\_\_\_

Burner Type: Utility Boiler \_\_\_\_\_ Industrial Boiler \_\_\_\_\_ Furnace \_\_\_\_\_

Underground Injection Control: \_\_\_\_\_ Recycler: \_\_\_\_\_

Mode of Transportation: Air \_\_\_\_\_ Rail \_\_\_\_\_ Highway \_\_\_\_\_ Water \_\_\_\_\_

Hazardous Waste Codes: \_\_\_\_\_ Specific/Non-Specific/Commercial/Chemical

delete: D003 D004 F002 F003 F004 F005 F007 F009

P012 P030 P092 P116 U108 U122 U134

U144 U151 U219 U220 U239

Comments: \_\_\_\_\_

Name Change: \_\_\_\_\_ Old Name: \_\_\_\_\_

FINDS Staff: \_\_\_\_\_ Notif. Staff: SF

Date: 6/9/94

STEPHEN CZAJKOWSKI  
**ENVIRONMENTAL, HEALTH & SAFETY CONSULTANT**  
9133 PELICAN AVENUE  
FOUNTAIN VALLEY, CA 92708  
(714) 963-7075

February 14, 1994

PRC - RCRA NOTIFICATIONS  
120 Howard Street  
Suite 730  
San Francisco, CA 94105

**Re: APPLICATION FOR PROVISIONAL EPA ID NUMBER**

Dear Notifications Officer:

I have been retained by the Shipley Company Inc. (Shipley) to apply for a provisional (one time only) EPA ID number for the following facility:

**Shipley Company Inc.**  
**16782 Von Karman Avenue**  
**Irvine, CA 92714**

A single drum of hazardous waste was rejected by the TSDF for treatment after the site's EPA ID # was delisted.

Please call me at (714) 963-7075, if I can be of any further assistance in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Stephen Czajkowski', with a long horizontal flourish extending to the right.

Stephen Czajkowski  
Consultant

C: Paul Connor, EH&S Manager, Shipley Company Inc., Marlborough  
Massachusetts







**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the **INSTRUCTIONS FOR FILING NOTIFICATION** before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

### III LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

**FOR OFFICIAL USE ONLY**

## COMMENTS

C															C																																																																																																					
15															16															55																																																																																						
INSTALLATION'S EPA I.D. NUMBER															APPROVED															DATE RECEIVED (yr., mo., & day)																																																																																						
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I. NAME OF INSTALLATION

S H I P L E Y C O M P A N Y I N C .

## II. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

[illegible]

## CITY OR TOWN

[illegible]

### III. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

[illegible]

## CITY OR TOWN

[illegible]

#### IV. INSTALLATION CONTACT

## NAME AND TITLE (last, first, &amp; job title)

## PHONE NO. (area code &amp; no.)

2	DELOREY	SHAWN	SAFETY	COORDINAT	617-969-5500
---	---------	-------	--------	-----------	--------------

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

**B. TYPE OF OWNERSHIP**  
(enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

☒ A. GENERATION

**B. TRANSPORTATION** (complete item VII)

☒ C. TREAT/STORE/DISPOSE

#### ☐ D. UNDERGROUND INJECTION

**VII. MODE OF TRANSPORTATION** (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

**B. RAIL**

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

### VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

**A. FIRST NOTIFICATION**

☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

## C. INSTALLATION'S EPA I.D. NO.

9	W	C	A	D	0	7	3	5	8	4	3	9	3	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 2 23 - 26	2 F 0 0 3 23 - 26	3 F 0 0 4 23 - 26	4 F 0 0 5 23 - 26	5 F 0 0 7 23 - 26	6 F 0 0 9 23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 1 2 23 - 26	32 P 0 3 0 23 - 26	33 P 0 9 2 23 - 26	34 P 1 1 6 23 - 26	35 <del>P 1 1 8</del> 23 - 26	36 U 1 0 8 23 - 26
37 U 1 2 2 23 - 26	38 U 1 3 4 23 - 26	39 U 1 4 4 23 - 26	40 U 1 5 1 23 - 26	41 U 2 1 9 23 - 26	42 U 2 2 0 23 - 26
43 U 2 3 0 23 - 26	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)
**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

 Mr. Robert C. Petersen  
Corporate Operations Manager

DATE SIGNED

8/14/80